

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Khytel Ware 20A0725

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

SGT. Gunset
CO. Colombo
C.O. John doe
C.O. John doe

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT
(Prisoner)

Do you want a jury trial?
☒ Yes ☐ No

RECEIVED
CLERK'S OFFICE
JAN 19 2024

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Khyrel D ~~George~~ WARE
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

20A0725

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MIDSTATE Correctional Facility

Current Place of Detention

P.O. Box 2500

Institutional Address

MARCY

County, City

New York

State

13403

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Gurriel
 First Name Last Name Shield #
Sergeant
 Current Job Title (or other identifying information)
Green Haven Correctional Facility. 594 Route 216
 Current Work Address
Stormville newyork 12582
 County, City State Zip Code

Defendant 2:

Colombo
 First Name Last Name Shield #
Correctional Officer escort Officer 7-3 AM shift
 Current Job Title (or other identifying information)
Green Haven Correctional Facility 594 Route 216
 Current Work Address
Stormville newyork 12582
 County, City State Zip Code

Defendant 3:

John DOE
 First Name Last Name Shield #
Correctional Officer escort Officer 7-3 AM shift
 Current Job Title (or other identifying information)
Green Haven Correctional Facility 594 Route 216
 Current Work Address
Stormville newyork 12582
 County, City State Zip Code

Defendant 4:

John DOE
 First Name Last Name Shield #
Correctional Officer worked in intake 7-3 AM shift
 Current Job Title (or other identifying information)
Green Haven Correctional Facility 594 Route 216
 Current Work Address
Stormville newyork 12582
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Greenhaven Correctional Facility, Transport VAN

Date(s) of occurrence: June 2nd, 2022

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 6/2/22 I was escorted From H-Block to the Draft Room By Sgt. Gunset, C.O. Colombo and a unknown Caucasian Officer lying claiming I was going to a facility that assists severe mental health inmates I arrived in a draft room holding pen that had NO video or audio approximately 10:34 am and left Bear Cuffed. I was left in the holding pen Cuffed For UNPLEASANT amount of hours when I posed NO threat. Eventually 5 officers including Sgt. Gunset came into the holding pen with me and uncuffed me the unknown Caucasian Officer who escorted me placed a new pair on me frontwards cranking it extremely tight when I complained the unknown same Caucasian Officer charged me against the gate and pushing my face against the gate banging my head then Officer Colombo grabbed me in a one arm head lock swinging his arm causing my head to bang off the gate several times then constricted his forearm stopping my flow of oxygen then I yelled angrily what are you doing? Only the Sgt. Gunset asked what are they doing? smiling watching his subordinates hemmed me up he then gave them orders to take me down which they slammed me on my face busting my lips and tightened the cuffs on my hand even tighter and I told officers so and they kept squeezing them

lighter stopping my blood circulation and cutting my wrist deeply then I was kicked on the side of my head and I was punched in my ribs multiple times by three officers Colombo, the unknown Caucasian escort officer and a unknown Black officer who was African American working in the intake/draft area I screamed in agony that I wasn't resisting and bleeding several times before the assault stopped I told them I was hurt and believed my wrist was broken and needed medical attention still officers put my seat up too high and dragged me out the pen despite my injuries

Continuation on attached page

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

2 inch lacerated left Requiring super glue, Busted lips no medical attention for, Bruised and Battered ribs no medical attention for, Bruised wrists hand cuff indentations no medical attention for, Knot on my forehead. Psychological damages such as nightmares and paranoia of Authorative Figures. Sore throat, placed sick calls and received pain meds.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

1 Million Dollars Money Damages jointly & severally against Defendants

AWARD Punitive Damages in Following Amounts
20,000 each against defendants

Facts Continuation OF Previous Page

~~I~~ informed them of the video and Audio outside of the holding pen hoping it would deter they misconduct and help me Receive Medical attention to No Avail I told them to inform they superiors of the use of force as the Protocol states and Sgt. Gunket stated nothing happened. I was placed On a transport van and C.O. Colombo and the unknown caucasian officer who escorted me from H-Block sat behind me and Buckled My seatbelt holding the Strap intended to cross My chest across My neck so I couldn't move and Watched Me Bleed from My lip and Wrist. One hour into the ride I let them know I had to use the Bathroom and that I couldn't no longer hold it and he told Me IF I used it On Myself Im Dead Colombo stated Angriily the John Doe caucasian escort officer wrapped his hand with an extra pair of leg shackles and threatened to Punch me in My Face so I did not use the Bathroom. I inquired about my inhaler since I was wheezing slightly and officer Colombo said he left it on Porrose and did not care IF I die. When I inquired about My lunch since it was way past that time Sgt Gunket said "Slaves dont eat" I Rode 3 hours without the Bathroom, lunch, inhaler Bleeding in pain "Breathing slowly knowing IF I panicked or had any breathing difficulties I was dead. Upon Arriving at great Meadows C.F. in the gally port to switch vans I asked gunket for my Medical attention, Inhaler, Food, and Bathroom he said nothing happend and that it was now upstate Correctional officers responsibility now since I was an asshole and they will treat Me as IF then him and his Greenhaven officers left Me like furniture causing me to feel hopeless, Miserable

First claim

C.O. Colombo, C.O. John Doe #1, C.O. John Doe #2 Assault of Plaintiff in the holding, slamming Plaintiff, Choking Plaintiff. Application of Restraints Causing injury Using Excessive Force. Sgt Gunket Failed to protect Plaintiff from Assault violated Plaintiff 8th Amendment Rights Pursuant to the U.S. Constitution.

Second claim

C.O. JOHN #1, C.O. COLOMBO holding seatbelt across Plaintiff neck, threatening Plaintiff in the transport van, Refusal to provide Plaintiff with inhaler or Medical attention for obvious health condition and injuries and doing so deliberately was a deliberate Medical indifference to Plaintiff Medical conditions and Health violated Plaintiff's 8th Amendment Rights Pursuant to the U.S. Constitution.

All the defendants acted, and Continue to individually and under color of state of law at all times relevant to this Complaint

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

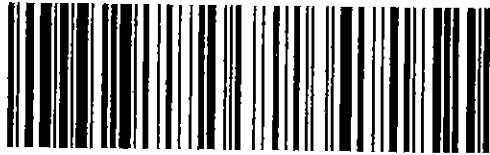
I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1/11/24		
Dated		Plaintiff's Signature
Khayrel	D	Ware
First Name	Middle Initial	Last Name
PO. Box 2500		
Prison Address		
MARCY	New York	13403
County, City	State	Zip Code

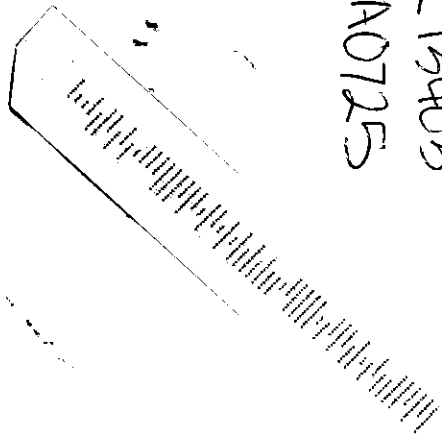
Date on which I am delivering this complaint to prison authorities for mailing: _____

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



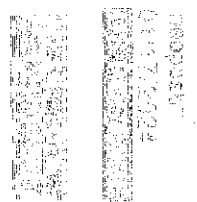
9589 0710 5270 0876 8011 28

Mitslate Correctional Facility
PO Box 2500
Marcy, New York 13403
khyrel wate 20A0725



PRO SE INTAKE UNIT
NEW YORK, NEW YORK 10007

NY State
Correctional Facility



2024 JAN 19 PM 4:12
90NY PRO SE OFFICE